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ABSTRACT

Although the importance of an experiential component in differing approaches to psychotherapy has been acknowledged, confusion over the concepts of "experience" and "emotion" has resulted in a focus on emotion rather than experience. The fundamental change event in psychotherapy is a kind of experiential learning or reorganization, and while theoretical knowing is abstract and intellectual, experiential knowledge is stored in sensorimotor schemas and includes visual images, auditory images, kinesthetic sensations, and bodily and visceral events. Behavior in everyday life situations is largely a matter of experiential knowledge. Experiential reorganizations can occur at the experiential/perceptual level and when they do, one "knows how" to do something. This kind of learning takes place in therapy. A conceptual understanding alone is not likely to guide behavior; conceptual understanding must make a change at the experiential level. There are various ways to create experiential learning in psychotherapy. It can be hypothesized that cognitive, affective, and behavioral methods all work therapeutically to the extent that they facilitate experiential learning and experiential reorganization. Experiential knowledge may represent a tacit level of knowing, with conscious, verbally articulated cognition being based on and derived from representations already tacitly encoded at the experiential level. This view supports the opinion that therapy operates on "the unconscious." (NB)

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THE EXPERIENTIAL AS A UNIFYING CONSTRUCT IN PSYCHOTHERAPY

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Arthur C. Bohart

Both Goldfried (1979, 1980) and Bohart and Todd (in press) have noted the importance of an experiential component in differing approaches to psychotherapy. However, this experiential component is usually subsumed under the general category of affective processes in psychotherapy. The typical dichotomy which is focused on, both in psychotherapy and in personal functioning in general, is that of cognition - affect, or cognition - emotion. The importance of an emotional process in psychotherapy has been noted by Freud (Breuer and Freud, 1937; Freud, 1910/1963), with the idea of an "emotional reliving" or "emotional insight." Alexander (1963) - "corrective emotional experience"), Primal Therapy (Janov, 1970) - emotional catharsis and expression, and client centered therapy (Rogers, 1961; Gendlin, 1981) - "getting in touch with feelings.") Gestalt therapy is another approach that has heavily stressed the role of emotive experience in therapeutic change. Most recently, Greenberg and Safran (1987) have proposed an integrative, unifying view of the role of emotion in psychotherapy.

I contend that the concepts of "experience" and "emotion" or "affect" have been confusingly mixed up, and by so doing the focus has been mistakenly been on emotion instead of on experience. I will argue that a focus on emotion cannot provide a unifying construct for all therapeutic change, but that the concept of "the experiential" can. In this respect the important distinction is "cognition - experience" rather than "cognition - emotion." It is further contended that it is misleading to confuse emotion and experience, and that conceptual clarity is achieved by not equating the two concepts.

It is certainly true that both "experience" and "emotion" are thought to be bodily events. Furthermore they are closely related (ergo the theoretical confusion of the two). However, "experience " is the broader construct. This is not difficult to demonstrate: Greenberg and Safran (1987) repeatedly talk about "emotional experience," which implies that "emotion" is one kind of experience, but that there are more members in the set (experience) than emotions or affects.

I suggest that the key, fundamental change event (I'm tempted to say "change experience") in psychotherapy is some kind of experiential learning, or experiential reorganization. This may involve conscious cognitive activity, such as insight (psychoanalysis) or deliberate contesting and correction of dysfunctional cognitions (cognitive therapy). However change can often occur without conscious cognitive insight or reworking (Watzlawick, 1987), as perhaps best illustrated in the work of Milton Erickson (Feldman, 1985), and the strategic therapists (Haley, 1976; De Shazer, 1985; Watzlawick et. al., 1974). The key distinction is between two different kinds of knowing or learning. These two ways of knowing, or learning, have been variously characterized by many different theorists. For the moment

we will conceptualize them as "intellectual" versus "experiential" knowing; or, alternatively, "theoretical" versus "practical" knowing. The distinction I am focusing on parallels distinctions made by cognitive psychologists between "declarative" and "procedural" knowledge (Gardner, 1983), knowledge versus skill (Bandura, 1986), "knowing about" or "knowing that" versus "knowing how" (Gardner, 1983; Schmitt, 1969).

Behavior in everyday life situations is largely a matter of experiential knowing. In some sense it can be said to be a kind of "knowing how" to cope with situations. Of course our "know how" may be seriously misguided. To elaborate the concept of "know how" we will discuss a skill: driving a car. While the initial learning of driving a car may be cognitively guided, what is being learned is a kind of knowing how at the bodily level (sensorimotor schemas). It involves the learning of complex sequences of perceptual-motor activity. This activity, once learned, can be enacted without much conscious cognitive guidance. The "know how" is quite complex, and we are usually not able to articulate <u>how</u> we know how to do certain things. For instance, how do we know when it is safe to change a lane, when there is a car behind us in the adjacent lane? Somehow we coordinate the distance we are ahead of the other car with how fast both of us are going. Yet if we were asked how we knew it was safe, we would probably say, "it seemed safe," or "I just had a sense that it was safe." As another example, no one knows how outfielders manage to run to the proper spot and catch a fly ball in baseball (Shirley, 1984). Certainly some complex information processing is involved, but outfielders just "know" where to run. In this respect experiential knowing is experienced as a kind of <u>perceptual knowing</u>. It is similar to saying how do you know you are in a room watching a talk right now? "I just know it or sense it."

In contrast, theoretical knowing is abstract and "intellectual." It is the kind of knowing that happens in school. Such knowing is generally too abstract and nonspecific to concretely guide behavior. Such abstract knowing generally seems unable to change behavior by itself. In fact, it is because one cannot not simply intellectually decide to behave differently and proceed to behave differently that there is such a thing as psychotherapy (Bohart and Todd, in press).

In contrast, experiential knowledge is stored in sensorimotor schemas. It includes visual images, auditory images, kinesthetic sensations, and so on, as well as bodily and visceral events. For instance knowing how to play the guitar is knowledge that is stored in and expressed through muscular activity .

It can be argued that cognitive knowledge is often <u>derived</u> from experiential knowledge (Gendlin, 1984). For instance, someone writing a book on guitar playing will attempt to <u>describe</u> what they know experientially in words. Poets do the same thing.

It is actually well known that to know a skill is to know it experientially. One does not learn to do surgery, psychotherapy, or automechanics, soley from reading books or acquiring abstract intellectual or theoretical knowledge. Nor can one learn how to make love, hold convversations, mobilize one's energies, soley from reading books. This of course is why there are laboratory courses in school, dance studios, and music classes.

Furthermore, experiential reorganizations can take place at the perceptual/experiential level. As an example, when one first learns to water ski one is usually told not to pull back on the rope if it feels like one is about to fall: that would only insure falling. Nevertheless the first few times most beginners do just that, because it "feels" like the right thing to do. Thus the cognitive knowledge has not changed one's perceptual-motor schemas. However after some practice there will be an "experiential reorganization" and the person now "knows how" to stay up. The exhortation not to pull back on the rope now makes sense.

Anyone who has struggled to learn some skill has probably experienced this same phenomenon. It is very like the perceptual shift that takes place with the famous Gestalt figures. One knows intellectually what one is supposed to be doing, but one just can't do it. Suddenly there is a shift and now one "knows how" to do it. This is usually experienced as a kind of "revelation": "Oh, I see!" Or, as Gendlin calls it in reference to psychotherapy, a "felt shift."

Thus reorganizations can occur at the experiential level of knowing, and when they do, one "knows how" to do something. It is suggested that it is this kind of learning that takes place in therapy. A conceptual understanding is not likely to guide behavior. In fact the realization that conceptual understanding by itself is not therapeutic (Greenberg & Safran, 1987) has been around since Freud, and is the basis for the very existence of therapy (Bohart & Todd, in press).

It is not surprising that conceptual understanding must make a change at the experiential level. It is not enough to know theoretically that a Gestalt figure can be seen as an old woman if one is still seeing it as a young woman. It is not enough to conceptually know that one must not pull back on the rope when falling during water skiing. One must "know in one's body," one must "see."

The primacy of experiential knowing has been acknowledged for years, by advocates of various therapy and personal approaches. Advocates of psychoanalysis, Gestalt, est, and many other approaches have argued that one must experience the approach to fully understand it.

What, then, is this realm of experience and experiential knowing? I have previously argued that it is the realm of information processing and organization that occurs at the perceptual - motor level. It includes sensory images, motoric and visceral patterns of organization and activation. As such, it is a realm of knowledge or learning that involves a great deal more information than is conveyed in cognitive or abstract words or symbols. The difference between the theoretical knowledge that "it feels good to be romantically kissed" and the experience of being romantically kissed should provide a sufficient illustration of this. Clearly one of the most important sources of learning in families is experiential learning. Mothers can say they love their child, but if the child experiences rejection and invalidation (in the form of concrete acts by the mother, the tone of her voice, facial expressions, the absence of certain concrete acts at the right time, and so on) this will clearly predominate (as long as the child is also not simultaneously taught that to believe their experiential sense over what is said is wrong).

The experiential, then, is made up of a complex set of bodily events. Nor are cognitive events excluded, since many experiences include both cognitions, words and ideas; and sensorimotor experiences. For instance, watching a therapist like Virginia Satir both show a film of her work and comment on it, provides a kind of experiential learning that includes both verbal and conceptual, and sensory information. Furthermore this experiential level is considerably more broad than just "affect." The experience of sitting here listening to this talk is an example. One may or may not be having affective experiences just now: excitement, hostility, bordom, confusion. But one's experiential sense of this situation includes more than these affective responses.

Even the word "feeling," as used in client centered therapy, should be taken to more appropriately refer to <u>experiences</u> than to emotions (Gendlin, 1981). First there are many feelings or experiences that we do not generally consider to be affects or emotions: feeling cold, feeling sweaty, feeling the touch of your chair against your buttocks, feeling the wind on your face. These experiences may <u>also</u> involve affect: one can feel unhappy or dysphoric if one is cold, or depending on one's feelings about chairs, experience the touch of the chair as either positive or negative. But these affective responses are parts of the overall experiential complex in a given situation, not the <u>equivalent</u> of the experiential complex. Second, for many experiential therapists, there are "feelings" that are not affects or emotions in the usual sense. Greenberg and Safran (1987) give some examples: "I feel like I'm over the hill," "It's like nobody cares about what happens to me," "I felt only half there,". Note too that contrary to what is often taught, that these are more properly feelings than thoughts. One can "feel" one is over the hill, though one intellectually knows that is nonsense. If one thinks of these things as emotions, it does not make sense. But if one thinks of them as reporting <u>experiences</u> it does. One can <u>feel</u> ineffectual, for instance, though one knows intellectually that one is doing all right: "I feel like I'm a failure, even though intellectually I know I'm not".

Experiential learning in nontherapy contexts is frequently <u>not</u> affective learning, in the sense that emotions are a major focus. Learning how to tune up a car, for instance, involves a kind of experiential acquisition of knowledge that has little to do with emotion, though one may feel pride at the accomplishment. One can learn in an experiential sense about the habits of birds by observing them (one may even attempt to schematize that learning in words). Such observing may include moments of pleasure or displeasure, but an extensive amount of the experiential learning (sensorimotor processing) is not properly described as affective.

It is crucial to keep the distinction between experiential and affective in mind in considering psychotherapy. I hypothesize that all therapy involves experiential learning or experiential reorganization, but only some therapy uses affective experience to facilitate this reorganization. Additionally, only some therapy involves cognitive work. It can be hypothesized that cognitive, affective, and behavioral methods all work therapeutically to the extent that they facilitate experiential learning and experiential reorganization. That it is important to keep this distinction in mind

can be illustrated by some quotes from the Greenberg and Safran book. While this is an excellent exposition of the role of emotion in psychotherapy, these authors, as with most other writers, confuse "experiential" and "affective." The following quotes are illustrative. "When clients are able to reexperience in a therapeutic session the emotions that have been distressingg them, and then become aware of the automatic thoughts that are related to those emotions, they are able to gain an immediate experiential understanding of the way in which their automatic thoughts are related to their moods...and the quality of their experience thereby changes." (pp. 200-201). Note that while the experiencing of emotion is seen as part of the therapeutic process, it is an experiential <u>understanding</u> which is seen as the therapeutic change event. And the therapeutic event is an <u>understanding</u> of the <u>relation</u> of cognition to emotion. It seems clear here that experiential understanding is something different than emotion <u>per se</u>. Similarly, they suggest that the therapist's responding in a caring and validating way, creates "...a form of experiential learning...wherein people experience themselves as being cared for and valued...Actually experiencing this in therapy, as opposed to simply being told this, is what leads to schematic and conceptual reorganization" (p. 203). Again, though this experiential learning will involve affect (feeling good in regards to being cared for), the learning is not itself an <u>affective</u> phenomenon, but a kind of sensorimotor information processing (which probably includes relevant cognitions that co-occur).

As I outlined previously (Bohart and Todd, in press) there are various ways to create experiential learning in pychotherapy. Perhaps the most obvious are the behavioral (direct training methods). Both Bandura (1986) and Melchenbaum (1977) have utilized the "vicarous experience" of modeling therapeutically. The client watches someone perform the desired behavior. Then the client practices it himself. Bandura (1986) has argued that learning through the direct experience of doing something, or through the vicarious experience of watching someone do something, is considerably more potent than verbal persuasion. Again, the learning here, especially if skills are being learned, is misnamed if it is called "affective learning." It should also be mentioned here that many therapies that utilize insight or cognition also use learning through direct experiential exercises (homework).

Strategic therapists utilize a variety of techniques (Madanes, 1984; Watzlawick, 1985) that create experiential reorganization without apparent cognitive insight. Watzlawick (1987) has written: " ...if we manage to get somebody to undertake an action which in and by itself was always possible, but one he did not perform because in his second-order reality there was no sense or reason to carry it out, then through the very performance of this action he will experience something that no amount of explaining and interpreting may ever have led him to see and to experience...if you desire to see, learn how to act." (p. 97). Again the change is an experiential (second order) reorganization.

If I am right, does this mean we should all become behavioral or strategic therapists, and abandon verbal and cognitive modalities? So far I have been talking as if experiential learning and cognitive learning are separate. Yet they can clearly be interrelated, and can feed back into one another. In fact optimal learning situations seem

to include both. For instance, Bandura (1986) cites research showing that people learn more while observing others if they try to cognitively figure out and verbally encode what is going on. In learning a skill one may begin by cognitively directing oneself with abstract rules and schemas, and through an interplay of cognitive schemas and bodily experience, gradually acquire the skill. In most cognitive therapies clients are not merely given abstract formulations or arguments about their dysfunctional cognitions. Instead they engage in a form of experiential learning, abetted by cognitive understanding. As an example Beck (1979) has clients keep daily records of dysfunctional thoughts. The client does not merely acquire an abstract theoretical understanding of his dysfunctional thoughts, but a concrete experiential one, by noting the precise circumstances in which a dysfunctional thought occurs and recording it. Here understanding is tied to concrete experiential complexes.

It is interesting to note that "cognitive shifts" in learning theoretical material have the same quality of a "felt shift" we have been discussing before. For instance, Kuhn (1970) suggests that scientific revolutions lead to a fundamental perceptual shift so that the universe is literaly "seen" (or in our langauge, experienced) differently, and uses the example of the Gestalt pictures. I remember as an undergraduate when I was a mathematics major, taking courses in physics. In order to solve the physics problems I had to learn to "see things" as a physicist did (according to my lab instructor). And, after struggling with numerous problems, there was a fundamental "felt shift" so that I learned to "see" problems differently.

Cognitive therapists, while not calling it a felt shift, recognize the phenomenon when they sya that dysfunctional beliefs must be subjected to repeated disconfirmations before they will be given up. As I had to repeatedly struggle with physics problems before I <u>saw</u> things as a physicist, so depressives must repeatedly challenge dysfunctional beliefs before they come to "see" things differently. By the way it is interesting to note that in learning mathematics we generally proceed from the concrete/experiential (word problems, concrete examples) to gradually more abstract understandings.

If attempting to encode what one is observing facilitates experieintial learning (Bandura, 1986) then it is not surprising that verbal psychotherapies can work. It has long been recognized that "emotional insights" are more therapeutic than intellectual ones. From the perspective in this paper I would rephrase this as "experiential insights," that is, insights grounded on experiential knowing. Attempting to s ymbolize one's experience in therapy is analogous to what one does when engaging in observational learning. It is for this reason that therapists believe therapy happens best in the presence of "emotion." Emotions are particularly powerful and salient experiences, and may serve to evoke other aspects of the experience. For instance, in recounting an anger incident, as one begins to recover the anger, one will begin to feel more than the anger, there will be a <u>bodily sense</u> that is like what one was feeling when the incident was occurring. One may even begin to recover visual images of the incident. The bodily sense is the whole activated representation of how one was totally in that situation (including tense muscles, autonomic arousal, etc.). One can then "observe" one's own experiential reaction, encode it, as in observational learning, and through that cause an experiential reorganization (though I cannot

at this time say how this happens). Just as one struggles to "put one's experience into words," and as one does, "gets a clearer understanding," so this same struggle in therapy can cause a reorganization at the experiential level. Some recent approaches to therapy explicitely try to re-evoke the bodily experience (and visual images) in order to facilitate reprocessing (Rice and Saperia, 1984). Therefore I argue that verbal therapies can work, if the cognitive reprocessing is based on the availabity of experiential cues (Greenberg and Safran's emotional theroy is quite similar on this). Furthermore there may be some subtle behavior patterns that are best challenged via cognitive or insight methods, as long as they are based on experiential referents. This may be particularly true for the reworking of memories.

The above discussion dovetails with those who have suggested that therapy must be concrete rather than abstract, vivid rather than pallid (Greenberg and Safran, 1987). Abstractions, such as "you hated your mother" will not lead to reprocessing unless concrete experiential representations of hating one's mother are available for relabeling and reprocessing. Many theorists have argued that concrete, vivid language is more therapeutic than abstract language. For instance, "sometimes you feel like you can't tell yourself apart from your mother" will evoke more experiential imagery than "your object representations of yourself and your mother are fused." Similarly, "You feel angry" is less experiential than "You feel like you'd like to kick him in the teeth." In this respect, Polster (1985) has argued that therapy is "fleshing out " of abstractions, such as "I can't seem to relate intimately with women," with concrete experiential details. And Rice and Saperia (1985) see therapy as "unpacking" the concrete experiential meaning underlying the highly compressed statements clients bring to therapy such as "I made a fool of myself last night."

Finally this paper suggests a different perspective on emotion in psychotherapy. It leads to the suggestion that an emotional focus may be a particularly powerful therapeutic intervention (and Greenberg and Safran have presented a well-elaborated view of different ways emotion can play a role in therapy) because emotions are such powerful, central kinds of experiences. Furthermore, they are linked to troubslesome experiences in our lives. In fact emotions are often the markers of problematic experiential reactions. Evoking and dealing with emotions then may be therapeutic because they are so intimately linked with other aspects of the experiential complexes, and tend to evoke all aspects. However I would argue that to focus on the emotion, to subordinate the experiential to the emotion, is to reverse their actual significance.

In conclusion I would like to briefly draw a parallel between the argument presented in this paper and recent theories that contrast tacit to explicit understanding (Guidano and Liotti, 1985; Meichenbaum and Gilmore, 1984). The unconscious has been making a strong comeback in psychology recently (see Bowers & Meichenbaum, 1985; Mahoney, 1985; Lewicki, 1986; Shevrin & Dickman, 1980). Many authors argue that the first level of information processing is nonconscious. Processing at this level is multichanneled and more complex than conscious information processing (Posner, 1982). Conscious information processing is a secondary, and more restricted capacity system (Shevrin and Dickman, 1980). Therefore there is a tacit level of

knowledge that is more complex than the explicit conscious level. This tacit level is often equated with procedural knowledge. Experiential knowledge would appear to represent this tacit level of knowledge, with conscious, verbally articulated cognition being based on and derived from representations that have already been tacitly encoded at the experiential level. Furthermore, this tacit level of encoding is analogical instead of digital (Greenberg & Safran, 1987; Watzlawick, 1978). If this is true, then therapy literally can be said to be operating on "the unconscious" as Freud, Erickson, and many others from may diffferent perspective have said. Furthermore there are multiple ways to do so: through direct experience, through attempts to verbally represent what has been tacitly encoded, and through an emotional focus.

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